

# Wyoming Office of Multicultural Health

## Mini Grant Packet



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Office of Multicultural Health

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<http://www.health.wyo.gov/rfhd/multicultural/index.html>

### **Criteria for funding**

The project must deal with improving Wyoming's health disparities for minorities or underserved populations, i.e. Hispanic, Native American, or uninsured; the disparity must be clearly stated.

The proposal must state what health disparity is being addressed and the importance of the disparity to the people of Wyoming.

The proposal must state the goals and objectives of the project and why you feel the goals and objectives are attainable. List any steps that will be used to attain the goals and objectives. Be as specific as possible.

The outcome(s) for the project must be clearly stated; long and short range. When will you see outcomes? Provide a timeline.

Will the project have a focus such advocacy or education? What is the focus of the project? How did you determine the focus? What if the project doesn't go as planned? What corrective measures will you take?

Is the project based on any "best practices"? If so, list those practices. If not, state in detail why you feel this project will work. What are you basing the project on, if anything?

Good luck!

# State Partnership Grant Program to Improve Minority Health

## Mini-Grant Application Guidance

In 2007, the Wyoming Office of Multicultural Health (WOMH) was awarded the State Partnership Grant Program to Improve Minority Health (SPG) for the implementation of the Wyoming Health Disparity State Plan (HDSP). The HDSP, developed by the WOMH and the Multicultural Health Advisory Committee (MHAC) serves as the blueprint for the three-year implementation plan that directs the Wyoming Department of Health's efforts to eliminate racial/ethnic health disparities and promote healthcare services for Wyoming citizens.

The goal of this program is to carry out the objectives set forth in Healthy People 2010 in the elimination of health disparities among minorities, the underserved and special populations and promoting healthy living. The SPG mini-grant program will work on statewide projects and infrastructure that meet the above goal with the knowledge that local communities are best placed to develop local initiatives which address the above goal while taking into account the community's individual economic, geographic and cultural differences. The goal of these mini-grants is to ensure delivery of quality care and education, create wide-ranging infrastructure, and include quality health or mental health services.

### **Who is Eligible to Apply?**

Public and State controlled institutions of higher education;  
Native American tribal governments (Federally recognized);  
Native American tribal organizations (other than Federally recognized tribal governments);  
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education;  
Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education.

### **How long is the Grant Period?**

This grant period ends August 31, 2010. Due to the short nature of the funding cycle, no grants will be accepted after July 1, 2010. You may apply anytime between now and July 1, 2010.

A SPG mini-grant is not in effect until all parties have executed a Memorandum of Agreement, and all approvals have been granted. The SPG mini-grants are competitive and awarded on a first-come, first served WITH THE UNDERSTANDING THAT THIS IS ONE TIME FUNDING. Preference will be given to those grants that address long-term self-sustainability for their project.

### **How Much Grant Money Can I apply for?**

All SPG mini-grants are contingent upon the availability of funds. The SPG mini-grants are intended to be the first step in a long-term process of local capacity building activities.

The expectation of the Office of Minority Health (OMH) in providing the SPG to the states is to achieve five objectives: increasing awareness of health disparities; strengthening leadership at all levels for addressing health disparities; enhancing patient-provider communication; improving cultural and linguistic competency in delivering health services and improving coordination and utilization of research and outcome evaluation.

The SPG mini-grants are dependant upon availability of funds and will be limited to **\$100 to \$1495.00** per project. Quarterly progress and financial reports are required for all recipients of the SPG mini-grant. All final reports for the FFY 2010 year will be due no later than September 15, 2010.

**What kind of projects will you fund for this grant?**

In order to be considered for grant funding, your project must deal with improving health disparities among minorities in the State of Wyoming. This includes Hispanic/Latino, Native American, uninsured, underinsured, disabled, homeless and other special populations. Your project must directly link to the objectives of Healthy People 2010 and exactly how your project will address those objectives.

Additional Info:

- The proposal must state the goals and objectives of the project and why the goals and objectives are important to the people of Wyoming. List any steps that will be used to attain the goals and objectives. Be as specific as possible.
- Include the number of expected people the project will assist and how you arrived at that number.
- The expected outcome(s) for the project must be clearly stated; both long and short range. When will you see outcomes? Provide a timeline.
- What is the focus of the project? Will the project have a focus such as advocacy or education? How did you determine the focus? What if the project doesn't go as planned? What corrective measures will you take?
- Is the project based on any "best practices"? If so, list those practices. If not, state in detail the criteria used to determine this project will work to solve the problem or health disparity.

**NOTE: Mini-grant proposals cannot include requests for direct patient care, salaries or benefits.**

Applications may be submitted at any time prior to July 1<sup>st</sup>, 2010. Applications will be reviewed for completeness, worthiness of the project for content, goals and outcomes, and HDSP goals/objectives appropriateness. In viewing the proposals, notification of grant approval/disapproval will be returned to the applicant **within 30 days** of receiving the application. Applications are to be submitted to the Wyoming Office of Multicultural Health.

### ***Required Mini-Grant Application Documents***

**The grant application must include, in the following order:**

- A. A **cover page**, in the format provided.
- B. Completed application form (Addressing all components and requests for specific information) with the original signature of the applicant organization's Board Chairman, or other authorized Board member, or the organization's Authorized Representative. Original signatures **must** be in **BLUE INK**.
- C. A clear, targeted funding narrative - ***not to exceed 2 (two) of pages and using the format provided***, that addresses the information requested in the Grant Application Narrative Instructions. Use a Times New Roman **12 point font** (or equivalent size).
- D. The supporting budget information, which includes the Grant Budget Cost Summary and the Budget Justification with appropriate **itemization** of expenses.
- E. The requested attachments/appendices, as detailed in the Grant Application Format and Submission Requirements.

**NOTE:** Do **NOT** include any direct service or for salaries and benefits as they are non-allowable according to the HHS Grants Policy Statement.

**Incomplete grant applications will not be considered.**

### ***Application Submission Process***

The SPG Mini-Grant application may be submitted electronically or by U.S. Mail.

#### **Electronic submission:**

- E-mail to [lillian.zuniga@health.wyo.gov](mailto:lillian.zuniga@health.wyo.gov) with application documents containing the electronic signature of the applicant(s).

#### **U.S. Mail:**

**Lillian Zuniga, Manager  
Wyoming Department of Health  
Office of Multicultural Health  
6101 Yellowstone Rd Ste. 510  
Cheyenne, WY 82002**

## **Frequently Asked Questions**

### **What happens to my request after it is submitted?**

All grant requests are initially reviewed by the Logistical Planning Contractor staff for completeness. Applications are then sent to the MHAC Executive Board for approval.

We recommend that you submit your grant request with as much lead time as possible before the project start date. If the MHAC Executive Board awards your grant, you will receive an email or telephone call, depending on the choice you made on the application, advising of the decision. If awarded, an award packet will be mailed to the Grant Seeker at the Organization's address via U.S. Mail, so you should be watching for this information to arrive. This packet includes a formal award letter, two copies of the MOU, and information regarding demographics and other information required for reporting. If you do not receive this information within one week of the email or telephone notification of award, please contact the Logistical Planning Contractor.

You will need to provide two signatures on one of the Contracts and mail it back to the Logistical Planning Contractor so your project may begin. The project is not to begin until the contract has been signed and returned to the Logistical Planning Contractor. Logistical Planning Contractor will notify you when they have received the contract.

If your grant is not accepted for funding, you will receive a letter in the mail.

### **How do I submit reports?**

Reports are due on the 10th day of the month after each quarter of the project. The reports are to be emailed to the Logistical Planning Contractor.

Provide a written End-of-Year report to be turned in no later than August 31st. The reports are to be emailed to the Logistical Planning Contractor.

### **The final report must include the following:**

- The report must contain what health disparity your project addressed and the importance of the disparity to the people of Wyoming:
  - Give a synopsis of the project.
  - The report must state the goals and objectives of the project and what goals and the objectives were attained during the project. List any steps that were used to attain the goals and objectives. Be as specific as possible.
  - Clearly state the outcomes of the project. What caused these outcomes?
  - Clearly state what is the focus of the project was and how you determined the focus? If the project didn't go as planned what corrective measures did you take? How did the project change from your original plans?
  - State the "best practices" on which the project is based. Explain why these practices did or did not work.

*Wyoming Office of Multicultural Health*

*Mini-Grant Application*

<b>Applicant Information</b>	
Legal Name of Applicant	
Street Address 1	
Street Address 2	
City	
State	
Zip/Postal Code	
<b>Contact Information</b>	
Contact Name	
Street Address 1	
Street Address 2	
City	
State	
Zip/Postal Code	
E-mail	
Phone	
Fax	
Locations affected by your project	
Proposed Project Dates	
Amount of Funding Requested	
How do you prefer to be contacted?	_____ email <b>OR</b> _____ phone call

**By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**I agree**

**Authorized Representative**

Name	
Title	
Phone number	
E-mail	
Signature of Authorized Representative	
Date	

<b>For Office Use Only</b>	
Date and Time Application Received	
Date to WOMH	
Date to Subcommittee	
Decision	
Date Grant Seeker Notified	



**OFFICE OF MULTICULTURAL HEALTH**  
**MINI-GRANT APPLICATION CHECK SHEET**

NAME OF APPLICANT	
APPLICANT ORGANIZATION	
NAME OF MINI-GRANT	
CONTACT PERSON	
CONTACT PHONE #	
MINI-GRANT DEADLINE	

Steps	Action Taken	Date	Initials
1	Cover Page included? YES NO		
2	Completed Application Form in format required? YES NO		
2 a	Is application signed by appropriate official? YES NO		
3	Budget narrative completed, not to exceed 2 pages? YES NO		
4	Supporting Budget information <ul style="list-style-type: none"> <li>Is a Budget Cost Summary and Budget Justification attached? YES NO</li> </ul>		
5	Any attachments or appendices? YES NO		
	If you answered "NO" to any of the above question, please provide an explanation below.		
	Additional Comments		

<b>To:</b>	Lillian Zuniga	<b>From:</b>	
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<b>Fax:</b>	(307) 777 - 6793	<b>Fax:</b>	
<hr/>			
<b>Phone:</b>		<b>Phone:</b>	
<hr/>			
<b>Subject:</b>		<b>Date:</b>	July 23, 2010
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<b>Comments:</b>			

**FAX COVER SHEET**